MassHealth Provider Portal

A How To Guide for Using Your Online Resource
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STEP 1

The only way to self-register for the Portal is as a Super User. In order to do this, you will need to have information about both the business office and specific details on at least one of the Providers at that office. Key information that you will need in order to self-register include the Provider’s first and last name, NPI and license number, as well as the tax ID for the practice.

If you are a designated Super User for the practice and have this information available, go to https://provider.masshealth-dental.net/ and click REGISTER.

**Tip:** A Super User is someone in your practice who has complete administrative privileges across your organization, including access to all employee and patient records. It is recommend that you restrict the number of Super Users to a minimum.

**Tip:** If you are unsure whether you are a designated Super User for your practice and/or not sure if you have all of the necessary information to self-register, please contact your MassHealth representative.
Complete all of the required information on the registration page and click **REGISTER**.

If all of the information is correct, you will receive a “Registration Successful” notification. You will then have **Tier 1, or Super User**, access, which can be used to add all further users in the system.

If your registration is not successful, try the following:

- **Adjust the Provider Name:** If your practice name is ‘Bob Smith LLC’ try both ‘Bob Smith LLC’ and ‘Bob Smith’ in the Provider Name field
- **IDs must match exactly:** The License, NPI and Tax ID entries must match what is on file. Try entering the Tax ID with and without the hyphen

If your registration is still unsuccessful, please contact your MassHealth representative.
STEP 3
If your registration was successful, you will receive an email with directions for logging into the Portal. Click the link, and verify that your information is correct. You will only need to go through the registration process once.

STEP 4
Update your temporary password to a permanent password. You can set your security questions and answers.

Tip: All three security questions must have different answers. You may want to write down your password and security questions and answers, and file the information in a safe place.

STEP 5
It is recommended that you add at least one other Super User right away. Note that adding other Super Users (or standard users) does not require the self-registration process. They can be added through the simple Manage Users section of the Portal.
HOW TO Login to the Portal

STEP 1

In your browser, go to https://provider.masshealth-dental.net/ and click SIGN IN.

STEP 2

Enter the email address used to register, or that was used by your Administrator to create your login. Enter the password and click Login.
HOW TO
Reset a Password

STEP 1
If you’ve forgotten your password, go to the Sign In page (https://provider.masshealth-dental.net/) and click SIGN IN.

STEP 2
Click the “Forgot password?” link right above the Login button.

STEP 3
On the next page, in the User ID field, enter the email used to register for the Portal and click OK.

STEP 4
You will receive an email. Open the email, click the link, and update your password as directed. When done, click Submit. If you don’t see the email, be sure to check your spam folder.
HOW TO
Navigate the Home Page

Home Page

Click the Mass.Gov link to visit the MassGov website
Click Home to return to this page at any time
The navigation menu runs across the top of the page

See page 12 for information on adding and managing users of this Portal
See page 28 for information on searching, submitting and voiding Claims and Prior Authorizations
See page 42 for information on Reports

Tip: Not all users will see all icons. Users will only see those icons for which they have permission.
HOW TO
Update My Account

STEP 1

Click **My Account** on the top navigation menu.

![My Account on the top navigation menu](image)

STEP 2

Type the updated name and/or EOB notification preference, then click **UPDATE INFORMATION**. Click **UPDATE PASSWORD** or **UPDATE USER PROFILE** to update either of those items.

![Account Information](image)
**HOW TO**

Access the **Notification Center**

**STEP 1**

Click the bell icon in the top right corner to see a glimpse of any messages. Click **VIEW NOTIFICATIONS** to see all notifications in their entirety.

**STEP 2**

Any notifications will display in the message list. Click **View All New** to see new notifications or **View All Previous** to see older notifications.
HOW TO
Add a New User

STEP 1

Clicking the Manage Users button on the home page will take you to the same page as selecting Provider Administration > Manage Users on the navigation menu. Only Tier 1 users (Super Users) will be able to manage users.

STEP 2

Before adding a new user, you may want to check to see if they are already registered on your account. Enter the person’s Last Name, then click SEARCH.

STEP 3

The search results will display a list of users matching the search criteria. If the desired user is not found, click ADD NEW USER.
STEP 4

Enter the user’s First and Last Name, and Email address. Follow the instructions to set the user’s Tier, Role and Permissions. When done, click ADD USER.

Tip: Tier 1 users (Super Users) default to having all of the permissions enabled.

STEP 5

Once the user has been successfully added, you will receive a confirmation message.
**STEP 1**

From the Manage Users page, you can update user information. To search for a specific user, enter their last name or email and click **SEARCH**. Or, to view a list of all users, leave the fields blank, then click **SEARCH**. Click on the name of the user you wish to edit.

![Search Results](image)

**STEP 2**

This will bring up the **Edit User** page, where you can update the user’s name, tier, role, email address, location and permission levels, as well as lock or disable the account. When complete, click **UPDATE USER**.

![Edit User](image)

**Tip:** Once a user has been added, they can never be permanently deleted, only disabled or enabled. If a user no longer needs access to your account, either temporarily or permanently, set the **Disabled** field to Yes. To re-enable them, set the field to No.
STEP 1

Provider offices have the ability to store billed amounts by procedure codes. This will result in faster and easier online claim submission. To get started, select **Provider Administration > Amount List** from the navigation menu.

To create a new Billed Amount List, click the **ADD** button.

STEP 2

In the popup screen, name the new Billed Amount List, then click **CREATE**.

STEP 3

The Results listing will populate with the new Billed Amount List. Before the list can be used, it is necessary to associate the list with providers and service offices, and add procedure codes.

Click the name to open the Billed Amount Detail page.
STEP 4

To associate the Billed Amount List to a service office or provider, click **ADD BILLED AMOUNT ASSOCIATION**.

STEP 5

In the popup screen, select a Service Office from the drop down list, then search for a Provider connected to that office. Click **ADD**.

STEP 6

The Billed Amount List Associations result list will populate with the new Service Office and Provider selections. Continue adding associations by clicking **ADD BILLED AMOUNT ASSOCIATION** and following the same steps.

You can remove associations by clicking **UNLINK**.

Tip: Billed Amount List Associations are specific to particular combinations of Service Offices and Providers. To make a list available to multiple offices and providers, the list will need to be associated with each Service Office / Provider combination separately.
STEP 7
Next, add procedure codes. Click ADD BILLED AMOUNT DETAIL.

STEP 8
In the popup screen, enter a Procedure Code and Billed Amount. The Procedure Code Description will auto populate. Click ADD.

STEP 9
The Billed Amount List Detail result list will populate with the new procedure. Continue adding procedures by clicking ADD BILLED AMOUNT DETAIL and following the same steps.

You can edit or delete procedures by clicking EDIT or DELETE as necessary. Click PRINT THIS PAGE to print a copy for your records.
STEP 1

You can assign or edit Billed Amount Lists by selecting **Provider Administration > Billed Amount Association** from the navigation menu.

STEP 2

By leaving all fields blank and hitting **SEARCH** from the Billed Amount Association page, you will be able to see a list of all Billed Amount List Associations that have been created.

STEP 3

To disassociate a List from an office or dentist, click **UNLINK** for that List.
The Dentist List tool is for checking the credentialing and contact information for offices and dentists specific to this login, based on the Tax ID number. Select Provider Administration > Dentist List from the navigation menu.

To search for a specific office or dentist, enter as much information as possible in the search fields. To search for all associated offices and dentists, leave the search fields blank and click on SEARCH.

You can print or download the search results. To view additional details, click the links under Name or Treating Dentist.
STEP 4

Review additional details about affiliated providers, including License information, Network Affiliations and Service Offices.

If any information needs to be updated, use the Contact Us form to submit updated details. Click Contact Us on the top navigation bar to open the form.
HOW TO
Check Member Eligibility

STEP 1
You can quickly check coverage eligibility of members. Click **Patient Management > Member Eligibility** from the navigation menu. In the form, enter a Provider and Location, the Member’s Service Date (date on which they received treatment), Date of Birth, and either **Member ID** or **Member Last Name**.

![Patient Management](image)

STEP 2
Repeat the above step on this same page to search eligibility for multiple Members at the same time. If more search lines are needed, click “+ ADD ADDITIONAL SEARCH LINES”. When all Members are entered, click on the **SEARCH** button. You can search for up to 30 members at a time.
STEP 3

Search results will return in three sections: Active, Ineligible, and Not Found.

Tip: The Benefit Effective Date for members will display in the eligibility Search Results.

If a Member is not found based on your search information, this could mean that they are not in the system, incorrect data was entered, or that there is more than one Member with matching information (such as matching Service Date, Date of Birth, and Last Name). You can SEARCH AGAIN and add more information, such as First Name or Member Number.

STEP 4

It is possible to save the search list for later use, as in the case of searching for all appointments scheduled for tomorrow. Simply click on SAVE SEARCH.

Saved searches will display at the bottom of the Member Eligibility page. Click LOAD SEARCH to re-populate the search fields with all previously entered data. You will need to re-select the Location and Provider field manually.
STEP 1
From the Member Eligibility Search Results page, click on the Member Number.

![Search Results](image)

STEP 2
Clicking on the Member Number will open Member Detail page. This provides information regarding the member, including contact information, claims and service history.

![Member Detail](image)

Tip: The Benefit Effective Date for members will display in the Member Detail page.
STEP 3

Click **VIEW CLAIMS** to review claim information for this member. The page will automatically load the member’s information. To modify your search, enter the relevant information then click **SEARCH**.
STEP 4
From the Member Detail page, you can also review the member’s Service History. Click VIEW SERVICE HISTORY.

[Image: Member Detail page]

STEP 5
Review the results of the Service History search.

[Image: Service History page]
You can search for broken appointments for your office. Select Patient Management > Broken Appointments from the navigation menu. Enter the relevant information and click Search.

Search results will display a list of broken appointments.
**STEP 1**

You can submit broken appointments for your office. Select **Patient Management > Broken Appointments** from the navigation menu. Enter the patient type, category of service, reason for the broken appointment and language spoken by the patient, as well as any notes, then click **SUBMIT BROKEN APPOINTMENT**.

![Appointments Form](image)

**STEP 2**

Once the broken appointment is submitted, you will receive a confirmation.

![Success Message](image)
**HOW TO**

Search **Claims/Prior Authorizations**

**STEP 1**

Clicking on the **Claims/Prior Authorizations** button from the Home page or the link from the navigation menu will bring you to the **Search Claims and Prior Authorizations** page.

Enter the relevant information and click **Search**. Alternatively, simply choose either **Dental Claim** or **Prior Authorization** and click **SEARCH** to see all results for either category.

![Search Claims/Prior Authorizations](image)

**STEP 2**

Search results will display information about the Claim or Prior Authorization, including the date received and the amount paid. To view more details, or to **Void a Claim**, click on the appropriate listing under **Claim/Prior Auth Number**.

![Search Results](image)
STEP 1

To void a Claim, first **Search** for the Claim using the process described previously, and click on the **Claim/Prior Auth Number** to display Claim details. From the Claim details page, click **VOID CLAIM**.
HOW TO
Request a Claim be Voided

STEP 2

On the **Void Request Form**, enter the required information, including the amount of the Claim, provider license information, and a reason for the void. If you need to add any supporting documentation, you can upload a file and attach it to the void request. Click **SUBMIT VOID CLAIM**.

STEP 3

Once the void is submitted, you will receive a confirmation.
HOW TO
Submit Claims/Prior Authorizations

STEP 1

To submit a Claim or Prior Authorization, select **Claims/Prior Authorizations > Submit Claims & Prior Authorizations** from the navigation menu. Enter the relevant information and click **SEARCH**. This will confirm the Member’s eligibility.

![Image of Claims/Prior Authorizations menu]

**Tip**: The Initial Deductible fields **Deductible Anniversary Date** and **Deductible Percentage Met** are for Health Safety Net providers only.

STEP 2

The **Optional Information** section mirrors standard language on the ADA claim form. These fields are not required, but are present for those providers that want to include the additional detail.
STEP 3

After entering all basic information about the claim and determining Member eligibility, add individual line items to your claim. This is done by entering Procedure Codes that were created as Billed Amount Lists, as well additional information about the tooth or teeth serviced.

You can also attach supporting documents directly to the Claim.

STEP 4

Once the Claim is submitted, you will receive a confirmation and the Claim Number.
As an administrative function, some Providers like to print out copies of submitted claims to place in patients’ files.

To obtain a Dental Claim Confirmation Report, select **Claims/Prior Authorizations > Claims Confirmation Report** from the navigation menu. Enter the Service Office, Treating Dentist, and what type of submission was made. The report can be sorted either by Member ID or Member Last Name. Click **PRINT THIS PAGE** to print the report.
STEP 1
You are able to look up past payments using the check or deposit number, Payer Name, Payee Name, or you can opt to see all payments for a given date range. The last eighteen months worth of records will be available. Select Remittance on the navigation menu.

STEP 2
Enter the data you want to search on. The last eighteen months worth of records will be available. Click SEARCH when complete.

STEP 3
Review payment details. To view additional payments, click VIEW MORE.
HOW TO
View your Document List

STEP 1

Your Document List contains items that have been attached for your reference. Select Document List on the navigation menu.

Leave all fields blank and click SEARCH to see a list of all documents. Alternatively, add more information to the search fields to narrow your results, such as searching by category of document.

STEP 2

Search results display the title of the document, the date it was uploaded, category of document, and a brief description. Click DOWNLOAD to download the document and read it.
HOW TO
Find a Dentist

STEP 1
Select **Find a Dentist** on the navigation menu. You can search either by Plan or by Member.

STEP 2
Enter further search criteria, including Zip Code and search radius. Additional search details to narrow the results are optional.
STEP 1

Select **Contact Us** from the top navigation menu. The page lists the phone number and mailing address for Customer Service.
STEP 1

Select **Contact Us** from the top navigation menu. Click the **Submit an Inquiry** link.

STEP 2

Indicate whether your inquiry concerns a disagreement with a decision made about a Denial of Service or Payment of a Claim.
STEP 3

If your reason for inquiry is to disagree with a Denial of Service or Payment of a Claim, select the appropriate information type, enter the Claim or Authorization number and click **SUBMIT**.

STEP 4

Alternatively, if you are submitting a Complaint or General Inquiry, fill in as much detail as possible regarding the issue and your desired outcome. You can also upload supporting documentation by clicking **ADD FILE**. When complete, click **SUBMIT**.
STEP 1

Select **Contact Us** from the top navigation menu. Click the **Inquiry Management** link.

![Contact Us page with Inquiry Management highlighted](image1.png)

STEP 2

Click an **Inquiry Number** to review details of that inquiry.

![Inquiry Management page](image2.png)
STEP 3
Review the Inquiry Details. To add comments, enter them in the comment field, then click SHARE.

STEP 4
You can upload supporting documentation by clicking ADD FILE and ATTACH FILE.
STEP 1

You can download reports that have been prepared for you. Click the Reports icon on the home page.

STEP 2

Enter a date range or leave blank to search all reports. Click SEARCH. If reports are available, they will display in the list. Click the DOWNLOAD link(s) to download desired reports.

STEP 3

Additional reports and metrics may be available to you. Click SELF SERVICE REPORTING to view your options.
STEP 1

The Event Calendar shows all of the events that have been shared with your organization. To open the Calendar, click **Event Calendar** on the top menu.

You will be able to register for events listed on the calendar, but only MassHealth can add events to the Event Calendar.

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**Tip:** Click on the numbers of a given date to see more information about the day.